



## **GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS**

2 Peachtree Street, N.W., 36<sup>th</sup> Floor • Atlanta, Georgia 30303 • Telephone: 404.656.3913 • Fax: 404.656.9723  
http://www.medicalboard.georgia.gov  
E-Mail: Medbd@dch.state.ga.us

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### **APPLICATION INSTRUCTIONS** **TEMPORARY LICENSURE** **ORTHOTISTS & PROSTHETISTS**

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Please read these instructions and the laws governing the practice of orthotics and prosthetics before completing your application. The Board strongly encourages the use of our website at [www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov) to download application information.

Orthotists and Prosthetists applications are good for one-year only from date of receipt. **APPLICATIONS WILL NOT BE REVIEWED WITHOUT APPLICATION FEE.**

**NOTE: TEMPORARY LICENSES ISSUED 7/1/06 - 6/30/07 - CANNOT BE RENEWED.**

**NOTE: WE WILL DISCUSS APPLICATION STATUS WITH THE APPLICANT ONLY.**

#### **APPLICATION PROCESSING**

It is important to make sure to include your application fee at the time you submit your application. Staff cannot begin the initial review of your application without the fee. Within **10 business days** after receipt of your application, a status letter will follow identifying outstanding documentation, if any, to make your file complete. Submit all required documentation as soon as possible. It is recommended that applicants wait **15 business days**, after mailing their application, or until receipt of a deficiency letter, to contact the staff by phone regarding the status of their application. It is imperative for applicants to understand that the review process is guided by the requirements set forth in State law, which does not provide for any waivers to be granted by staff.

#### **BOARD MEETINGS**

In order for an application to go before the Medical Board for approval, it must be received as completed **10 business days** before the next scheduled board meeting. Completion of an application is when all primary source documentation has been received and reviewed, your application has met all administrative screenings, a final quality assurance review has been completed on your application, and you have been **advised in writing** from the Board.

#### **INTERNET DISCLOSURE OF ADDRESS**

Georgia law requires the Georgia Composite State Board of Medical Examiners to provide, upon written or verbal request, an address for each licensed Orthotist or Prosthetist. Public-record information pertaining to licensed Orthotist or Prosthetist is available to the public through the Board's website ([www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)).

The release of this information has highlighted the need for individuals to carefully consider the address they provide to the Board as their address of record. The address you indicate as your address of record will be the address disclosed to all individuals making inquiries and will be utilized to mail all licenses, renewal notices, and other official correspondence from the Board.

You may choose your home address or your office address to be your address of record. If you list a P.O. Box as your primary address, you must also provide a secondary street address that will remain confidential. Georgia law requires that the Board be kept informed of any changes of address. Changes should be submitted in writing to the above address, and should include the license number, name, old address and new address.



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### **TEMPORARY LICENSURE** **CHECKLIST FOR ORTHOTISTS & PROSTHETISTS**

THIS CHECKLIST is intended to assist you with the filing of a complete application. Read all instructions on each page carefully and utilize the checklist as you are filling out the application. All items listed that apply to your situation must be submitted in order for your qualifications for licensure to be assessed. When submitting copies of documents, please ensure they are **8-1/2 x11-inch copies** of the original. Do not submit two-sided copies of the application or documentation. For quality and confidential purposes, facsimiles of application materials are not accepted. All application material must be original, unaltered, and official where required.

#### **LICENSURE FEE:**

- ☐ \$100.00 (**NON-REFUNDABLE FEE**). TEMPORARY LICENSES ISSUED 7/1/06 – 6/30/07 – **CANNOT BE RENEWED**.
- ☐ **MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO CSBME**. The ABOVE FEE MUST ACCOMPANY THE APPLICATION OR THE APPLICATION WILL NOT BE PROCESSED. IF YOUR CHECK IS RETURNED FOR INSUFFICIENT FUNDS, APPLICATION PROCESSING WILL STOP. PROCESSING WILL RESUME ONCE THE OUTSTANDING FEES ARE RECEIVED.

#### **TEMPORARY LICENSURE REQUIREMENTS:**

Only practitioners who fall under 43-34-68(c) may apply for a temporary license.

- ☐ For applicants who have practiced as an orthotist or prosthetist **full-time** for a **minimum** of the past **seven year in this State** in a prosthetic and/or orthotic facility as an orthotist or prosthetist may apply under this category.
- ☐ **APPLICATIONS PAGES 1 – 3**. These pages must be completed in all areas.
- ☐ **PAGE 3 - AFFIDAVIT OF APPLICANT**  
Read this form in its entirety and complete all areas. A **current passport photo is required to complete this form**. Do not submit photos from digital reproductions, magazine, yearbook, wedding, birthday, family outing, etc. Take this form to a notary public for witness of your signature. **The applicant's signature date and the notary signature date must match. No whiteouts or strikeouts are accepted.**

### **REPORT REQUEST**

- ☐ **HEALTHCARE INTEGRITY AND PROTECTION DATA BANK (HIPDB)**  
This data bank is mandated by Congress to track regulatory Board disciplinary actions and certain actions resulting from peer review and malpractice payments. This is to advise that **you must self-query** the HIPDB on your own as part of the application process for a Georgia license. Simply query the data bank using the Internet address at www.npdb-hipdb.com, then click on Perform a Self-Query from the Quick List on the home page, or call 1-800-767-6732 from 8:30 am to 6:00 pm EST (8:30 to 5:30 on Fridays). When you receive the response, **do not open the envelope** – send the envelope, unopened, directly to the Board along with your application packet. Altered envelopes which contain official, original, certified official documents will not be accepted.

# FORMS

- ☐ **FORM A - APPLICANT WORK HISTORY FORM** - Please complete the work history form to document 7-years of work history in this State. Return Form A with your application packet.
- ☐ **FORM B - REFERENCE FORM** -  
The BOARD requires five (5) references. Formal letters of reference are not accepted in lieu of the Reference Form since questions on the form are required by the Board.  
In addition, the reference forms must come from the following individuals:
- 2 references from current or former patients for whom you have provided services.**
  - 2 references from referral sources (i.e., physical therapist, physicians, case managers, etc...).**
  - 1 reference from current employer.** If self-employed, please check here. \_\_\_\_\_ (If you are self-employed only 4-references will be required.)
  - The Board **does not accept faxed copies of the reference form.**
    - Original signature and date of signature of reference source.
    - The date of the reference source's signature is invalid six months of the date it was signed.
- Have the reference source sign his/her name across the back of the envelope. Do not open the envelope; send it with your application packet. **Altered envelopes which contain official, original, certified official documents will not be accepted.**
- ☐ **FORM C - VERIFICATION OF CLINICAL EXPERIENCE** (If applicable). Please have your Program Director or Registrar to complete Form C and sign his/her name across the back of the envelope. Do not open the envelope; send it with your application packet. **Altered envelopes which contain official, original, certified official documents will not be accepted.**
- ☐ **FORM D - SUPERVISION VERIFICATION FORM.** This form should be sent to each O & P facility where you are/were employed. Verification of 7-years of full-time work history in a Georgia O & P facility is required. **Have your present/former employer to sign his/her name across the back of the envelope. Do not open the envelope; send it with your application packet. Altered envelopes which contain official, original, certified official documents will not be accepted**

**Please submit all application materials to the address listed on Page 1.**